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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

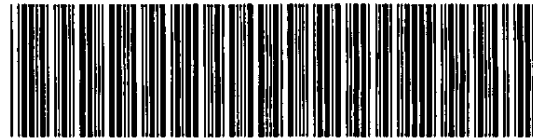
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JAN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOENIX REALTY ADVISORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH G. GIARDINO SR.
Name of Person
PHOENIX REALTY ADVISORS LLC
Firm/Company
245 PLUMOSA RD
Address
DE BARY FL 32713
City/State and Zip Code
PHOENIX REALTY ADVISORS @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH G. GIARDINO SR. at (407) 692-5939
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PHOENIX REALTY ADVISORS LLC
A Limited Liability Company as it now appears on our records

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN LEWIS 50%	114 NORTH HAMPTON COURT SANFORD 32773	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 13, 2016.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOSEPH G. GIARDINO SR.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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